

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 5
 or
 Village Granville
 on
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44405 File No. 418
 Primary Registration District No. _____ Registered No. 16

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Harriet Lambert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH Exact date not known
 (Month) (Day) (Year)

7 AGE 75 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Housewife
 (a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Jackson

10 NAME OF FATHER Alex Pharris

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] L. H. Lynch
 [Address] Granville

15 Filed Nov 26 21 W. F. Maddox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 26 21
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 20 1921 to Nov 25 1921
 that I last saw her alive on Nov 25 1921
 and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows
Pulmonary Tuberculosis
31

[Duration] yrs. mos. da.
 Contributory [SECONDARY] _____
 [Duration] yrs. mos. da.

Signed L. M. Freeman, M. D.
 1911 Address Granville

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS)
 At place of death yrs. mos. da. In the State yrs. mos. da.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Granville R-1 DATE OF BURIAL Nov 28 21

20 UNDERTAKER Williamson Bros ADDRESS Granville